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UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORK

-----X
MARIE TAMARA THOMAS

PLAINTIFF

Index No.:
11 Cv 1490 (LLS)

against

ECF CASE

THE HARTFORD LIFE INSURANCE COMPANY
OF AMERICA AND THE GROUP LONG TERM
DISABILITY PLAN FOR THE EMPLOYEES OF
JPMORGAN CHASE BANK

DEFENDANTS
-----X

**SUPPLEMENTAL AFFIRMATION OF ROBERT BACH IN OPPOSITION
TO DEFENDANTS' MOTION FOR SUMMARY JUDGMENT**

I, Robert Bach, under penalty of perjury, make the following affirmation based on my personal knowledge in opposition to Defendants' Motion for Summary Judgment.

1. I am the attorney for the Plaintiff Marie Tamara Thomas and make this affirmation in support of Plaintiff's Motion for Summary Judgment and for the purpose of introducing the following documents in support of the Motion.
2. This is a case pursuant to the Employee Retirement Income Security Act of 1974, as amended, to obtain a Long Term Disability Benefit from the Hartford Life

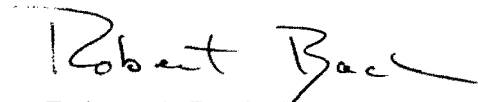
Insurance Company Of America, ("Hartford") and the Group Long Term Disability Plan for Employees of JPMmorgan Chase Bank. ("Plan").

3. In Support of her Opposition to Defendants' Motion for Summary Judgment, Plaintiff submits the following documents:

- Exhibit 3 2009 Annual Report of Employee Benefit Plan, Form 5500, Schedule A, question 10a) filed by the Plan.
- Exhibit 4 Annual Report of Employee Benefit Plan, 2010 Form 5500, Schedule A, question 10a) filed by the Plan.

May 29 2012

New York, NY



Robert J. Bach, Esq.
60 East 42nd Street, 40th Floor
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Form 5500
Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security
Administration
Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), 6057(b), and 6058(a) of the Internal Revenue Code (the Code).

Complete all entries in accordance with the instructions to the Form 5500.

Official Use Only
OMB Nos. 1210 - 0110
1210 - 0089

2009

This Form is Open to
Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2009 or fiscal plan year beginning January 01, 2009, and ending December 31, 2009

- A** This return/report is for: ☐ a multiemployer plan; ☐ a multiple-employer plan;
☒ a single-employer plan; ☐ a DFE (specify)
- B** This return/report is: ☐ the first return/report; ☐ the final return/report;
☐ an amended return/report; ☐ a short plan year return/report (less than 12 months).
- C** If the plan is a collectively-bargained plan, check here ☐
- D** Check box if filling under: ☒ Form 5558; ☐ automatic extension; ☐ the DFVC program;
☐ special extension (enter description)

Part II Basic Plan Information – enter all requested information.

- 1a** Name of plan
THE JPMORGAN CHASE HEALTH & INCOME PROTECTION PLAN FOR ACTIVE EMPLOYEES
- 1b** Three-digit plan number (PN) 502
- 1c** Effective date of plan
April 01, 1955
- 2a** Plan sponsor's name and address (employer, if for a single-employer plan)
(Address should include room or suite no.)
JPMORGAN CHASE BANK, NATIONAL ASSOCIATION
ONE CHASE MANHATTAN PLAZA
20TH FLOOR MAIL CODE NY1-A341
NEW YORK NY 10005-1401
- 2b** Employer Identification Number (EIN)
13-4994650
- 2c** Sponsor's telephone number
212-552-8146
- 2d** Business code (see instructions)
523110

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established. Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

Signature of plan administrator Date 10/15/2010 Enter name of individual signing as plan administrator BERNADETTE J. ULISSI

Signature of employer/plan sponsor Date Enter name of individual signing as employer or plan sponsor

Signature of DFE Date Enter name of individual signing as DFE

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500.

Form 5500 (2009)
v11.3

- 3a** Plan administrator's name and address (if same as plan sponsor, enter "Same")
BENEFITS DIRECTOR OF JPMORGAN CHASE BERNADETTE J. ULISSI
ONE CHASE MANHATTAN PLAZA, 20TH FLR
NEW YORK NY 10005-1401
- 3b** Administrator's EIN
37-1589439
- 3c** Administrator's telephone number
212-552-3372

EXHIBIT 3

4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report below:

4b EIN

4c PN

a Sponsor's name

5 Total number of participants at the beginning of the plan year	5	124220
6 Number of participants as of the end of the plan year (welfare plans complete only lines 6a, 6b, 6c, and 6d)		
a Active participants	6a	145058
b Retired or separated participants receiving benefits	6b	10595
c Other retired or separated participants entitled to future benefits	6c	
d Subtotal. Add lines 6a, 6b, and 6c	6d	155653
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	6e	
f Total. Add lines 6d and 6e	6f	
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g	
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	6h	
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	0
8a If the plan provides <u>pension benefits</u> , enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:		

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:

4A 4B 4D 4E 4G 4H 4L 4Q

9a Plan funding arrangement (check all that apply)

- (1) ☒ Insurance
 (2) ☐ Section 412(e)(3) insurance contracts
 (3) ☒ Trust
 (4) ☐ General assets of the sponsor

9b Plan benefit arrangement (check all that apply)

- (1) ☒ Insurance
 (2) ☐ Section 412(e)(3) insurance contracts
 (3) ☒ Trust
 (4) ☐ General assets of the sponsor

10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached (See instructions)

a Pension Schedules

- (1) ☐ R (Retirement Plan Information)
 (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information)- signed by the plan actuary
 (3) ☐ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary

b General Schedules

- (1) ☒ H (Financial Information)
 (2) ☐ I (Financial Information - Small Plan)
 (3) ☒ 41 A (Insurance Information)
 (4) ☒ C (Service Provider Information)
 (5) ☒ D (DFE/Participating Plan Information)
 (6) ☐ G (Financial Transaction Schedules)



**SCHEDULE A
Form 5500**

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration
Pension Benefit Guaranty Corporation

For the calendar plan year 2009 or fiscal plan year beginning January 01, 2009, and ending December 31, 2009

A Name of plan

THE JPMORGAN CHASE HEALTH & INCOME PROTECTION PLAN FOR ACTIVE
EMPLOYEE

Insurance Information

This schedule is required to be filed under section 104 of the
Employee Retirement Income Security Act of 1974 (ERISA)

File as an attachment to Form 5500.

Insurance companies are required to provide the information
pursuant to ERISA section 103(a)(2).

Official Use Only
OMB No. 1210 - 0110
2009

**This Form is Open to
Public Inspection**

B Three-digit
plan number (PN)

502

C Plan sponsor's name as shown on line 2a of Form 5500

JPMORGAN CHASE BANK NATIONAL ASSOCIATION

D Employer Identification Number (EIN)
13-4994650

Part I Information Concerning Insurance Contract Coverage, Fees, and Commissions. Provide information for each contract
on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

1 Coverage Information

(a) Name of insurance carrier

HARTFORD LIFE AND ACCIDENT

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
06-0838648	70815	675174G	106691	01/01/2009	12/31/2009

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in item 3 the agents, brokers, and other
persons in descending order of the amount paid.

(a) Total amount of commissions paid

(b) Total amount of fees paid

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker or other person to whom commissions or fees were paid

(b) Amount of sales and base
commissions paid

Fees and other commissions paid
(c) Amount **(d)** Purpose

(e) Organization
code

**For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions
for Form 5500.**

**Schedule A (Form 5500) 2009
v11.3**

Investment and Annuity Contract Information

Part II Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a
unit for purposes of this report.

4 Current value of plan's interest under this contract in the general account at year end	4
5 Current value of plan's interest under this contract in separate accounts at year end	5
6 Contracts With Allocated Funds	
a State the basis of premium rates	
b Premiums paid to carrier	6b
c Premiums due but unpaid at the end of the year	6c
d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount	6d

Specify nature of costs

- e Type of contract (1) ☐ individual policies (2) ☐ group deferred annuity (3) ☐ other (specify) ☐
- f If contract purchased, in whole or in part, to distribute benefits from a terminating plan check here ☐
- 7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)
- a Type of contract (1) ☐ deposit administration (2) ☐ immediate participation guarantee (3) ☐ guaranteed investment (4) ☐ other
- b Balance at the end of the previous year 7b
- c Additions: (1) Contributions deposited during the year 7c(1)
 (2) Dividends and credits 7c(2)
 (3) Interest credited during the year 7c(3)
 (4) Transferred from separate account 7c(4)
 (5) Other (specify below) 7c(5)
- (6) Total additions 7c(6)
- d Total of balance and additions (add b and c (6)) 7d
- e Deductions:
 (1) Disbursed from fund to pay benefits or purchase annuities during year 7e(1)
 (2) Administration charge made by carrier 7e(2)
 (3) Transferred to separate account 7e(3)
 (4) Other (specify below) 7e(4)
- (5) Total deductions 7e(5)
- f Balance at the end of the current year (subtract e(5) from d) 7f

Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organization(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

- 8 Benefit and contract type (check all applicable boxes)
- a ☐ Health (other than dental or vision) b ☐ Dental c ☐ Vision d ☐ Life insurance
- e ☐ Temporary disability f ☒ Long-term disability g ☐ Supplemental unemployment h ☐ Prescription drug
 (accident and sickness)
- i ☐ Stop loss (large deductible) j ☐ HMO contract k ☐ PPO contract l ☐ Indemnity contract
- m ☐ Other (specify)
- 9 Experience related contracts
- a Premiums: (1) Amount received 9a(1)
 (2) Increase (decrease) in amount due but unpaid 9a(2)
 (3) Increase (decrease) in unearned premium reserve 9a(3)
 (4) Earned ((1)+(2)-(3)) 9a(4)
- b Benefit charges: (1) Claims paid 9b(1)
 (2) Increase (decrease) in claim reserves 9b(2)
 (3) Incurred claims (add (1) and (2)) 9b(3)
 (4) Claims charged 9b(4)
- c Remainder of premium: (1) Retention charges (on an accrual basis) –
- (A) Commissions 9c(1)
 (A) 9c(1)
 (B) Administrative service or other fees 9c(1)
 (B) 9c(1)
 (C) Other specific acquisition costs 9c(1)
 (C) 9c(1)
 (D) Other expenses 9c(1)
 (D) 9c(1)
 (E) Taxes 9c(1)
 (E) 9c(1)
 (F) Charges for risks or other contingencies 9c(1)(F)
 (F) 9c(1)
 (G) Other retention charges 9c(1)
 (G) 9c(1)
- (H) Total Retention 9c(1)
 (H) 9c(2)
- (2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.) 9d(1)
- d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement 9d(1)
 (2) Claim reserves 9d(2)
 (3) Other reserves 9d(3)
- e Dividends or retroactive rate refunds due. (Do not include amount entered in c(2).) 9e
- 10 Nonexperience-rated contracts

a Total premiums or subscription charges paid to carrier **10a** \$25,272,127
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or **10b**
retention of the contract or policy, other than reported in Part I, item 2 above, report amount
Specify nature of costs below:

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A?

☐
Yes ☒
No

12 If the answer to line 11 is "Yes," specify the information not provided.



Annual Return/Report of Employee Benefit Plan

Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security
Administration

Pension Benefit Guaranty Corporation

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), 6057(b), and 6058(a) of the Internal Revenue Code (the Code).

OMB Nos. 1210 - 0110
1210 - 0089

2010

**This Form is Open to Public
Inspection**

**Complete all entries in accordance with
the instructions to the Form 5500.**

Part I Annual Report Identification Information

For calendar plan year 2010 or fiscal plan year beginning January 01, 2010, and ending December 31, 2010

- A** This return/report is for: ☐ a multiemployer plan; ☐ a multiple-employer plan;
☒ a single-employer plan; ☐ a DFE (specify)
- B** This return/report is: ☐ the first return/report; ☐ the final return/report;
☐ an amended return/report; ☐ a short plan year return/report (less than 12 months).
- C** If the plan is a collectively-bargained plan, check here ☐
- D** Check box if filling under: ☒ Form 5558; ☐ automatic extension; ☐ the DFVC program;
☐ special extension (enter description)

Part II Basic Plan Information – enter all requested information.

- 1a** Name of plan
THE JPMORGAN CHASE HEALTH & INCOME PROTECTION PLAN FOR ACTIVE EMPLOYEES
- 1b** Three-digit plan number (PN) 502
- 1c** Effective date of plan
April 01, 1955
- 2a** Plan sponsor's name and address (employer, if for a single-employer plan)
(Address should include room or suite no.)
JPMORGAN CHASE BANK, NATIONAL ASSOCIATION
ONE CHASE MANHATTAN PLAZA
20TH FLOOR MAIL CODE NY1-A341
NEW YORK NY 10005-1401
- 2b** Employer Identification Number (EIN)
13-4994650
- 2c** Sponsor's telephone number
212-552-8146
- 2d** Business code (see instructions)
523110

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established. Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

Signature of plan administrator 10/17/2011 BERNADETTE J. ULISSI
Date Enter name of individual signing as plan administrator

Signature of employer/plan sponsor Date Enter name of individual signing as employer or plan sponsor

Signature of DFE Date Enter name of individual signing as DFE

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500.

Form 5500 (2010)
v.092308.1

EXHIBIT 4

3a Plan administrator's name and address (if same as plan sponsor, enter "Same")

BENEFITS DIRECTOR OF JPMORGAN CHASE BERNADETTE J. ULISSI
 ONE CHASE MANHATTAN PLAZA, 20TH FLR
 MAIL CODE - NY1-A341
 NEW YORK NY 10005-1401

3b Administrator's EIN

37-1589439

3c Administrator's telephone number

212-552-3372

4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report below:**4b** EIN**4c** PN**a** Sponsor's name**5** Total number of participants at the beginning of the plan year**5** 155653**6** Number of participants as of the end of the plan year (welfare plans complete only lines 6a, 6b, 6c, and 6d)**a** Active participants**6a** 152475**b** Retired or separated participants receiving benefits**6b** 5435**c** Other retired or separated participants entitled to future benefits**6c****d** Subtotal. Add lines 6a, 6b, and 6c**6d** 157910**e** Deceased participants whose beneficiaries are receiving or are entitled to receive benefits**6e****f** Total. Add lines 6d and 6e**6f****g** Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)**6g****h** Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested**6h****7** Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)**7** 0**8a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:**b** If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:4A 4B 4D 4E 4G 4H 4L 4Q**9a** Plan funding arrangement (check all that apply)

- (1) ☒ Insurance
 (2) ☐ Section 412(e)(3) insurance contracts
 (3) ☒ Trust
 (4) ☐ General assets of the sponsor

9b Plan benefit arrangement (check all that apply)

- (1) ☒ Insurance
 (2) ☐ Section 412(e)(3) insurance contracts
 (3) ☒ Trust
 (4) ☐ General assets of the sponsor

10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached (See instructions)**a** Pension Schedules

- (1) ☐ **R** (Retirement Plan Information)
 (2) ☐ **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information)- signed by the plan actuary
 (3) ☐ **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary

b General Schedules

- (1) ☒ **H** (Financial Information)
 (2) ☐ **I** (Financial Information - Small Plan)
 (3) ☒ **29 A** (Insurance Information)
 (4) ☒ **C** (Service Provider Information)
 (5) ☒ **D** (DFE/Participating Plan Information)
 (6) ☐ **G** (Financial Transaction Schedules)



SCHEDULE A Form 5500

Department of the Treasury
Internal Revenue Service
Department of Labor

Employee Benefits Security Administration
Pension Benefit Guaranty Corporation

For the calendar plan year 2010 or fiscal plan year beginning January 01, 2010, and ending December 31, 2010

A Name of plan

THE JPMORGAN CHASE HEALTH & INCOME PROTECTION PLAN FOR ACTIVE
EMPLOYEE

Insurance Information

This schedule is required to be filed under section 104 of the
Employee Retirement Income Security Act of 1974 (ERISA)

File as an attachment to Form 5500.

Insurance companies are required to provide the information
pursuant to ERISA section 103(a)(2).

OMB No. 1210 - 0110

2010

This Form is Open to Public
Inspection

B Three-digit

plan number (PN)

502

C Plan sponsor's name as shown on line 2a of Form 5500

JPMORGAN CHASE BANK NATIONAL ASSOCIATION

D Employer Identification Number (EIN)
13-4994650

Part I Information Concerning Insurance Contract Coverage, Fees, and Commissions. Provide information for each contract
on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

1 Coverage Information

(a) Name of insurance carrier

HARTFORD LIFE AND ACCIDENT

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
06-0838648	70815	675174G	96432	01/01/2010	12/31/2010

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in item 3 the agents, brokers, and other
persons in descending order of the amount paid.

(a) Total amount of commissions paid

(b) Total amount of fees paid

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker or other person to whom commissions or fees were paid

(b) Amount of sales and base
commissions paid

Fees and other commissions paid
(c) Amount (d) Purpose

(e) Organization
code

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form
5500.

Schedule A (Form 5500)
2010
v.092308.1

Investment and Annuity Contract Information

Part II Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a
unit for purposes of this report.

4 Current value of plan's interest under this contract in the general account at year end

4

5 Current value of plan's interest under this contract in separate accounts at year end

5

6 Contracts With Allocated Funds

a State the basis of premium rates

b Premiums paid to carrier

6b

(3) Other reserves

9d(3)

e Dividends or retroactive rate refunds due. (Do not include amount entered in c(2).)

9e

10 Nonexperience-rated contracts

a Total premiums or subscription charges paid to carrier

10a \$27,254,800

b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or

10b

retention of the contract or policy, other than reported in Part I, item 2 above, report amount

Specify nature of costs below:

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A?

☐
Yes ☒
No

12 If the answer to line 11 is "Yes," specify the information not provided.